

1                                   **DECISION AND ORDER**  
2                                   **OF THE**  
3                                   **DIVISION OF MEDICAL QUALITY**  
                                  **MEDICAL BOARD OF CALIFORNIA**

4                   The foregoing Stipulation and Order, in case number  
5 11-93-32284, is hereby adopted as the Order of the Division of  
6 Medical Quality, Medical Board of California, Department of  
7 Consumer Affairs. An effective date of DECEMBER 27, 1996, has  
8 been assigned to this Decision and Order.

9                   Made this 27th day of NOVEMBER, 1996.

10  
11                                   *Andreas Zumb*  
12                                   \_\_\_\_\_  
                                  FOR THE DIVISION OF MEDICAL QUALITY  
13                                   MEDICAL BOARD OF CALIFORNIA

14                   Exhibit: Accusation  
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1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 E. A. JONES, III,  
Deputy Attorney General  
3 California Department of Justice  
300 South Spring Street, Suite 5212  
4 Los Angeles, California 90013-1204  
Telephone: (213) 897-2543

5 Attorneys for Complainant  
6

7 **BEFORE THE**  
8 **DIVISION OF MEDICAL QUALITY**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation )  
Against: )

12 REGINALD W. YESKE, M.D. )  
13 1770 Clark Avenue )  
Long Beach, CA 90815 )

14 Physician's and Surgeon's )  
15 Certificate No. A33621, )

16 Respondent. )  
17

Case No. 11-93-32284

OAH No. L-9601015

**STIPULATED SETTLEMENT**  
**AND**  
**DISCIPLINARY ORDER**

18 **IT IS HEREBY STIPULATED AND AGREED** by and between the  
19 parties to the above-entitled proceedings that the following  
20 matters are true:

21 1. An Accusation in case number 11-93-32284 was filed  
22 with the Division of Medical Quality, of the Medical Board of  
23 California Department of Consumer Affairs (the "Division") on  
24 December 6, 1995, and is currently pending against Reginald W.  
25 Yeske, M.D. (the "respondent").

26 2. The Accusation, together with all statutorily  
27 required documents, was duly served on the respondent on or about

1 December 6, 1995, and respondent filed his Notice of Defense  
2 contesting the Accusation on or about December 15, 1995. A copy  
3 of Accusation No. 11-93-32284 is attached as Exhibit "A" and  
4 hereby incorporated by reference as if fully set forth.

5 3. The Complainant, Ron Joseph, is the Executive  
6 Director of the Medical Board of California and brought this  
7 action solely in his official capacity. The Complainant is  
8 represented by the Attorney General of California, Daniel E.  
9 Lungren, by and through Deputy Attorney General E. A. Jones, III.

10 4. The respondent is represented in this matter by  
11 Russell Iungerich and Paul Spackman of RUSSELL IUNGERICH, A  
12 Professional Law Corporation, which is located at 3580 Wilshire  
13 Boulevard, Suite 1920, Los Angeles, California 90010.

14 5. The respondent has fully reviewed with counsel the  
15 charges contained in Accusation number 11-93-32284, and the  
16 respondent is fully aware of his legal rights and the effects of  
17 this stipulation.

18 6. At all times relevant herein, respondent has been  
19 licensed by the Medical Board of California under Physician's and  
20 Surgeon's Certificate No. A33621.

21 7. Respondent understands the nature of the charges  
22 alleged in the Accusation and that, if proven at hearing, the  
23 charges and allegations would constitute cause for imposing  
24 discipline upon his Physician's and Surgeon's Certificate.  
25 Respondent is fully aware of his right to a hearing on the  
26 charges contained in the Accusation, his right to confront and  
27 cross-examine witnesses against him, his right to the use of

1 subpoenas to compel the attendance of witnesses and the  
2 production of documents in both defense and mitigation of the  
3 charges, his right to reconsideration, appeal and any and all  
4 other rights accorded by the California Administrative Procedure  
5 Act and other applicable laws. Respondent knowingly, voluntarily  
6 and irrevocably waives and give up each of these rights.

7           8. For the purpose of resolving the Accusation in  
8 Case No. 11-93-32284, without the expense and uncertainty of  
9 further proceedings, respondent agrees that, at a hearing,  
10 complainant would put forth evidence to establish a factual basis  
11 for the charges in the Accusation that he failed to document in  
12 his office medical records good faith physical examinations of  
13 patient R.G. during more than one of the patient's visits to his  
14 medical office during 1990-1991. Respondent hereby gives up his  
15 right to contest those charges and agrees that he has thereby  
16 subjected his Certificate to disciplinary action for repeated  
17 negligent acts in the care of patient R.G. pursuant to Business  
18 and Professions Code section 2234(b). The foregoing stipulation  
19 is for the purpose of this proceeding only and for any other  
20 proceeding between the parties and any other action taken by and  
21 before any governmental body responsible for licensing.

22           9. Respondent agrees to be bound by the Board's  
23 Disciplinary Order as set forth below.

24           10. Based on the foregoing admissions and stipulated  
25 matters, the parties agree that the Division shall, without  
26 further notice or formal proceeding, issue and enter the  
27 following order:

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1 designee, and shall successfully complete the course during the  
2 first year of probation.

3       3.     CLINICAL TRAINING PROGRAM     Within ninety (90) days  
4 of the effective date of this decision, respondent shall submit  
5 to the Division or its designee for prior approval, a clinical  
6 training or educational program in family practice or internal  
7 medicine. The program shall be of not less than 40 hours  
8 duration and shall include components on diagnosis and treatment  
9 of carcinoma and hypertension. Respondent shall successfully  
10 complete the training program within 180 days of the effective  
11 date of this decision and may be required to pass an examination  
12 administered by the Division or its designee related to the  
13 program's contents.

14       4.     ORAL CLINICAL OR WRITTEN EXAM     Respondent shall take  
15 and pass an oral clinical exam in the subject of family practice,  
16 with a focus on the diagnosis and treatment of carcinoma and  
17 hypertension, to be administered by the Division, or its  
18 designee. This examination shall be taken within ninety (90)  
19 days after the effective date of this decision. If respondent  
20 fails the first examination, respondent shall be allowed to take  
21 and pass a second examination, which may consist of a written as  
22 well as an oral examination. The waiting period between the  
23 first and second examinations shall be at least three (3) months.  
24 If respondent fails to pass the first and second examination,  
25 respondent may take a third and final examination after waiting a  
26 period of one (1) year. Failure to pass the oral clinical  
27 examination within eighteen (18) months after the effective date

1 of this decision shall constitute a violation of probation. The  
2 respondent shall pay the costs of these examinations within  
3 ninety (90) days of the administration of each exam. Failure to  
4 pay these costs shall constitute a violation of probation.

5 If respondent fails the first examination, respondent  
6 shall be suspended from the practice of medicine until a repeat  
7 examination has been successfully passed, as evidenced by written  
8 notice to respondent from the Division or its designee, and  
9 respondent shall be subject to a three year probation period  
10 running from the effective date of this order, as set forth  
11 above.

12 5. OBEY ALL LAWS Respondent shall obey all federal,  
13 state and local laws, all rules governing the practice of  
14 medicine in California, and remain in full compliance with any  
15 court ordered criminal probation, payments and other orders.

16 6. QUARTERLY REPORTS Respondent shall submit  
17 quarterly declarations under penalty of perjury on forms provided  
18 by the Division, stating whether there has been compliance with  
19 all the conditions of probation.

20 7. PROBATION SURVEILLANCE PROGRAM COMPLIANCE  
21 Respondent shall comply with the Division's probation  
22 surveillance program. Respondent shall, at all times, keep the  
23 Division informed of his addresses of business and residence  
24 which shall both serve as addresses of record. Changes of such  
25 addresses shall be immediately communicated in writing to the  
26 Division. Under no circumstances shall a post office box serve  
27 as an address of record.

1           Respondent shall also immediately inform the Division,  
2 in writing, of any travel to any areas outside the jurisdiction  
3 of California which lasts, or is contemplated to last, more than  
4 thirty (30) days.

5           8.     INTERVIEW WITH THE DIVISION. ITS DESIGNEE OR ITS  
6 DESIGNATED PHYSICIAN(S)     Respondent shall appear in person for  
7 interviews with the Division, its designee or its designated  
8 physician(s) upon request at various intervals and with  
9 reasonable notice.

10           9.     TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE  
11 NON-PRACTICE     In the event respondent should leave California to  
12 reside or to practice outside the State or for any reason should  
13 respondent stop practicing medicine in California, respondent  
14 shall notify the Division or its designee in writing within ten  
15 (10) days of the dates of departure and return or the dates of  
16 non-practice within California. Non-practice is defined as any  
17 period of time exceeding thirty days in which respondent is not  
18 engaging in any activities defined in Sections 2051 and 2052 of  
19 the Business and Professions Code. All time spent in an  
20 intensive training program approved by the Division or its  
21 designee shall be considered as time spent in the practice of  
22 medicine. Periods of temporary or permanent residence or  
23 practice outside California or of non-practice within California,  
24 as defined in this condition, will not apply to the reduction of  
25 the probationary period.

26           10.    COMPLETION OF PROBATION     Upon successful completion  
27 of probation, respondent's certificate shall be fully restored.



1                   11.   VIOLATION OF PROBATION   If respondent violates  
2 probation in any respect, the Division, after giving respondent  
3 notice and the opportunity to be heard, may revoke probation and  
4 carry out the disciplinary order that was stayed. If an  
5 accusation or petition to revoke probation is filed against  
6 respondent during probation, the Division shall have continuing  
7 jurisdiction until the matter is final, and the period of  
8 probation shall be extended until the matter is final.

9                   12.   COST RECOVERY   The respondent is hereby ordered to  
10 reimburse the Division the amount of \$7,700.00 within the first  
11 year of the probationary term. Payments will be made as follows:  
12 \$5000.00 within ninety (90) days of the effective date of this  
13 decision; and the remaining \$2,700.00 within one year of the  
14 effective date of this decision. Failure to reimburse the  
15 Division's cost of investigation and prosecution shall constitute  
16 a violation of the probation order. The filing of bankruptcy by  
17 the respondent shall not relieve the respondent of his  
18 responsibility to reimburse the Division for its investigative  
19 and prosecution costs.

20                   13.   PROBATION COSTS   Respondent shall pay the costs  
21 associated with probation monitoring each and every year of  
22 probation, which are currently set at \$2304.00, but may be  
23 adjusted on an annual basis. Such costs shall be payable to the  
24 Division of Medical Quality and delivered to the designated  
25 probation surveillance monitor at the beginning of each calendar  
26 year. Failure to pay costs within 30 days of the due date shall  
27 constitute a violation of probation.

1           14. LICENSE SURRENDER   Following the effective date of  
2 this decision, if respondent ceases practicing due to retirement,  
3 health reasons or is otherwise unable to satisfy the terms and  
4 conditions of probation, respondent may voluntarily tender his  
5 certificate to the Board. The Division reserves the right to  
6 evaluate the respondent's request and to exercise its discretion  
7 whether to grant the request, or to take any other action deemed  
8 appropriate and reasonable under the circumstances. Upon formal  
9 acceptance of the tendered license, respondent will not longer be  
10 subject to the terms and conditions of probation.

11                                   CONTINGENCY

12           This stipulation shall be subject to the approval of  
13 the Division. Respondent understands and agrees that Board staff  
14 and counsel for complainant may communicate directly with the  
15 Division regarding this stipulation and settlement, without  
16 notice to or participation by respondent. If the Division fails  
17 to adopt this stipulation as its Order, the stipulation shall be  
18 of no force or effect, it shall be inadmissible in any legal  
19 action between the parties, and the Division shall not be  
20 disqualified from further action in this matter by virtue of its  
21 consideration of this stipulation.

22                                   ACCEPTANCE

23           I have read the above Stipulated Settlement and  
24 Disciplinary Order. I have fully reviewed with counsel the terms  
25 and conditions and other matters contained therein. I understand  
26 the effect this Stipulated Settlement and Disciplinary Order will  
27 have on my Physician's and Surgeon's Certificate, and agree to be

1 bound thereby. I enter this stipulation freely, knowingly,  
2 intelligently and voluntarily.

3 DATED: September 27, 1996.

4  
5 Reg W. Yeske M.D.  
6 REGINALD W. YESKE, M.D.  
Respondent

7 I have read the above Stipulated Settlement and  
8 Disciplinary Order and approve same as to form and content. I  
9 have discussed fully the terms and conditions and other matters  
10 therein contained with respondent REGINALD W. YESKE, M.D.

11 DATED: September 30, 1996.

12  
13 Paul Spackman  
14 Paul Spackman of  
15 RUSSELL LUNGERICH  
A Professional Law Corporation  
Attorneys for Respondent

16 ENDORSEMENT

17 The foregoing Stipulated Settlement and Disciplinary  
18 Order is hereby respectfully submitted for the consideration of  
19 the Division of Medical Quality, Medical Board of California,  
20 Department of Consumer Affairs.

21 DATED: 10/18/96.

22  
23 DANIEL E. LUNGREN, Attorney General  
of the State of California

24 E. A. Jones, III  
25 E. A. JONES, III  
26 Deputy Attorney General

27 Attorneys for Complainant

DANIEL E. LUNGREN, Attorney General  
of the State of California  
E. A. JONES, III,  
Deputy Attorney General  
California Department of Justice  
300 South Spring Street, Suite 5212  
Los Angeles, California 90013-1204  
Telephone: (213) 897-2543

Attorneys for Complainant

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	NO. 11-93-32284
Against:	)	
REGINALD W. YESKE, M.D.	)	A C C U S A T I O N
1770 Clark Avenue	)	
Long Beach, CA 90815	)	
Physician's and Surgeon's	)	
Certificate No. A33621,	)	
Respondent.	)	

The Complainant alleges:

PARTIES

1. Complainant, Ron Joseph, is the Executive Director of the Medical Board of California (hereinafter the "Board") and brings this accusation solely in his official capacity.

2. On or about March 12, 1979, Physician's and Surgeon's Certificate No. A33621 was issued by the Board to Reginald W. Yeske, M.D. (hereinafter "respondent"), and at all times relevant to the charges brought herein, this license has been in full force and effect. Unless renewed, it will expire on

1 February 28, 1997.

2 JURISDICTION

3 3. This accusation is brought before the Division of  
4 Medical Quality of the Medical Board of California Department of  
5 Consumer Affairs (hereinafter the "Division"), under the  
6 authority of the following sections of the California Business  
7 and Professions Code (hereinafter "Code"):

8 A. Section 2227 provides that the Board may revoke,  
9 suspend for a period not to exceed one year, or place on  
10 probation, the license of any licensee who has been found  
11 guilty of unprofessional conduct under the Medical Practice  
12 Act.

13 B. Section 2234 provides that the Board may take  
14 action against a licensee who is charged with unprofessional  
15 conduct, which includes under section 2234() the following:

16 "(a) Violating or attempting to violate, directly  
17 or indirectly, or assisting in or abetting the  
18 violation of, or conspiring to violate, any provision  
19 of this chapter.

20 "(b) Gross negligence.

21 "(c) Repeated negligent acts.

22 "(d) Incompetence."

23 C. Section 2242, subdivision (a) of the Code  
24 provides, in pertinent part, that prescribing, dispensing,  
25 or furnishing dangerous drugs as defined in Section 4211  
26 without a good faith prior examination and medical  
27 indication therefor, constitutes unprofessional conduct.

1           D.     Section 4211 of the Code provides, in pertinent  
2 part, that a "dangerous drug" is any drug which is unsafe  
3 for self-medication and includes any drug or device which by  
4 federal or state law can be lawfully dispensed only on  
5 prescription or furnished by a laboratory pursuant to  
6 Section 4240 of the Business and Professions Code.

7           E.     Section 725 of the Code provides as follows:

8                 "Repeated acts of clearly excessive prescribing or  
9 administering of drugs or treatment, repeated acts of  
10 clearly excessive use of diagnostic procedures, or  
11 repeated acts of clearly excessive use of diagnostic or  
12 treatment facilities as determined by the standard of  
13 the community of licensees is unprofessional conduct  
14 for a physician and surgeon, dentist, podiatrist,  
15 psychologist, physical therapist, chiropractor, or  
16 optometrist.

17                 "Any person who engages in repeated acts of  
18 clearly excessive prescribing or administering of drugs  
19 or treatment is guilty of a misdemeanor and shall be  
20 punished by a fine of not less than one hundred dollars  
21 (\$ 100) nor more than six hundred dollars (\$ 600), or  
22 by imprisonment for a term of not less than 60 days nor  
23 more than 180 days, or by both the fine and  
24 imprisonment."

25           F.     Section 125.3 provides, in part, that the Board  
26 may request the administrative law judge to direct any  
27 licensee found to have committed a violation or violations

1 of the licensing act, to pay the Board a sum not to exceed  
2 the reasonable costs of the investigation and enforcement of  
3 the case.

4 FIRST CAUSE OF ACTION

5 (Gross Negligence)

6 4. Respondent Reginald W. Yeske, M.D. is subject to  
7 disciplinary action under section 2234(b) of the Business and  
8 Professions Code in that he was grossly negligent in the care and  
9 treatment of patient R.G. The circumstances are as follows:

10 A. On or about December 13, 1989 respondent  
11 undertook the care and treatment of patient R.G. as a  
12 follow-up on an emergency room visit for trauma sustained  
13 when the patient was hit by an automobile. The patient was  
14 seen in a further follow-up visit on December 21, 1989.  
15 Respondent next saw patient R.G. on September 20, 1990 when  
16 she presented with swelling in the glands on the left side  
17 of her neck. Thereafter respondent saw patient on 22  
18 occasions through June 22, 1991.

19 On May 5, 1991, patient R.G. was seen at the  
20 emergency room of Long Beach Community Hospital complaining  
21 of a one day history of progressively increasing neck and  
22 back pain. On June 6, 1991, patient R.G. was seen by Dr.  
23 John Wix Thomas III, M.D. The patient reported to Dr.  
24 Thomas that she had had throat discomfort and trouble  
25 swallowing for the prior nine months. Dr. Thomas's physical  
26 exam indicated the presence of a large mass in the right  
27 posterior pharynx and the finding of hard cervical lymph

1 nodes bilaterally. A subsequent biopsy performed by Dr.  
2 Thomas established a diagnosis of moderately differentiated  
3 squamous cell carcinoma of the oral pharynx. Subsequently,  
4 patient R.G. received a combination of radiation and  
5 chemotherapy from Drs. Robert H. Goebel and Mark G. Janis.  
6 Patient R.G. expired on August 17, 1992.

7 B. On or about December 13, 1989 respondent  
8 failed to perform baseline health assessment activities with  
9 patient R.G., such as obtaining a detailed medical history,  
10 a systematic review of systems and a comprehensive physical  
11 examination.

12 C. On or about December 13 and 21, 1989  
13 respondent failed to note the elevated blood pressure of  
14 patient R.G. and failed to plan to obtain follow-up blood  
15 pressure measurements to confirm a diagnosis of  
16 hypertension.

17 D. On or about September 20, 1990, respondent  
18 failed to take a history and perform an appropriate physical  
19 exam of patient R.G. Respondent also failed to perform a  
20 general healthcare appraisal and failed to address the  
21 patient's elevated blood pressure. Respondent failed to  
22 document an acceptable reason for the administration of  
23 gamma globulin and a vitamin B12 injection.

24 E. On or about September 29, 1990, respondent  
25 failed to perform a baseline health appraisal and to address  
26 patient R.G.'s significantly elevated blood pressure.  
27 Respondent also failed to adequately document "test



1 results."

2 F. On or about October 6, 1990, respondent  
3 failed to perform a baseline health appraisal and to address  
4 patient R.G.'s significantly elevated blood pressure.

5 G. On or about November 6, 1990, respondent  
6 failed to perform a pertinent interval history or physical  
7 exam or to perform a baseline health appraisal and to  
8 address patient R.G.'s significantly elevated blood  
9 pressure.

10 H. On or about November 12, 1990, respondent  
11 failed to perform a baseline health appraisal and to address  
12 patient R.G.'s significantly elevated blood pressure.

13 I. On or about November 17, 1990, respondent  
14 failed to perform a history or physical or to perform a  
15 baseline health appraisal and to address patient R.G.'s  
16 significantly elevated blood pressure.

17 J. On or about December 11, 1990, respondent  
18 failed to perform a history or physical or to perform a  
19 baseline health appraisal and to address patient R.G.'s  
20 significantly elevated blood pressure.

21 K. On or about December 22, 1990, respondent  
22 failed to perform a history or physical or to perform a  
23 baseline health appraisal and to address patient R.G.'s  
24 significantly elevated blood pressure.

25 L. On or about February 2, 1991, respondent  
26 failed to perform a baseline health appraisal and to address  
27 patient R.G.'s significantly elevated blood pressure.

1 M. On or about February 2, 1991, respondent  
2 failed to consider other etiologies for patient R.G.'s upper  
3 respiratory tract problem nor to plan for further  
4 assessment, in the face of approximately four months with  
5 essentially continuing symptoms of throat discomfort and  
6 lymphadenopathy and the patient's failure to respond to  
7 several courses of antibiotics.

8 N. On or about February 9, 1991, respondent  
9 failed to perform a baseline health appraisal and to address  
10 patient R.G.'s significantly elevated blood pressure.

11 O. On or about February 16, 1991, respondent  
12 failed to perform a baseline health appraisal and to address  
13 patient R.G.'s significantly elevated blood pressure.

14 P. On or about February 23, 1991, respondent  
15 failed to perform a baseline health appraisal and to address  
16 patient R.G.'s significantly elevated blood pressure.

17 Q. On or about March 2, 1991, respondent failed  
18 to perform a baseline health appraisal and to address  
19 patient R.G.'s significantly elevated blood pressure.

20 R. On or about March 2, 1991, respondent failed  
21 to adequately assess patient R.G.'s chronic sore throat.

22 S. On or about March 11, 1991, respondent failed  
23 to perform a baseline health appraisal and to address  
24 patient R.G.'s significantly elevated blood pressure.

25 T. On or about March 11, 1991, respondent failed  
26 to adequately assess patient R.G.'s chronic sore throat or  
27 her urinary tract complaints. Respondent failed to document

1 any laboratory evidence related to the status of patient  
2 R.G.'s potential urinary tract infection.

3 U. On or about March 25, 1991, and/or April 6,  
4 1991, respondent failed to perform a baseline health  
5 appraisal.

6 V. On or about March 25, 1991, and/or April 6,  
7 1991, respondent failed to perform a more detailed history  
8 or physical exam or to consider other etiologies for patient  
9 R.G.'s complaints in light of the chronic sore throat,  
10 objective evidence of weight loss and potential systemic  
11 symptoms of fatigue and depression.

12 W. On or about April 15, 1991, respondent failed  
13 to perform a baseline health appraisal and to address  
14 patient R.G.'s significantly elevated blood pressure.

15 X. On or about April 27, 1991, respondent failed  
16 to record any history or perform any exam relative to a  
17 urinary tract infection and a candidal infection in patient  
18 R.G.'s throat. Respondent also failed to perform a baseline  
19 health appraisal and to address patient R.G.'s significantly  
20 elevated blood pressure.

21 Y. On or about May 6, 1991, respondent failed to  
22 record any history or any exam relative to a diagnosis of  
23 torticollis, degenerative arthritis and continuing  
24 pharyngitis.

25 Z. On or about May 9, 1991, respondent failed to  
26 make a full assessment as to the etiology of patient R.G.'s  
27 anemia and respondent failed to plan for its further

1 evaluation.

2 AA. On or about May 18, 1991, respondent failed  
3 to perform a baseline health appraisal and to address  
4 patient R.G.'s significantly elevated blood pressure.

5 AB. Respondent's overall treatment of patient  
6 R.G. from on or about December 13, 1989 through on or about  
7 May 18, 1991, as described above in paragraph 4,  
8 subparagraphs A through AA, represents a pattern of gross  
9 negligence.

10 AC. Respondent's overall insufficient record  
11 keeping for patient R.G. from on or about December 13, 1989  
12 through on or about June 22, 1991 represents a pattern of  
13 gross negligence.

14 SECOND CAUSE OF ACTION

15 (Repeated Negligent Acts)

16 5. Respondent Reginald W. Yeske , M.D. is  
17 subject to disciplinary action under section 2234(c) of the  
18 Business and Professions Code in that he committed repeated  
19 negligent acts in the care and treatment of patient R.G. The  
20 circumstances are as follows:

21 A. The facts and allegations in paragraph 4  
22 above are incorporated here as if fully set forth.

23 THIRD CAUSE OF ACTION

24 (Incompetence)

25 6. Respondent Reginald W. Yeske , M.D. is  
26 subject to disciplinary action under section 2234(d) of the  
27 Business and Professions Code in that he was incompetent in the

1 care and treatment of patient R.G. The circumstances are as  
2 follows:

3 A. The facts and allegations in paragraph 4  
4 above are incorporated here as if fully set forth.

5 FORTH CAUSE OF ACTION

6 (Failure to conduct good faith examination)

7 7. Respondent is subject to disciplinary action under  
8 Section 2242, subdivision (a) of the Business and Professions  
9 Code in that he prescribed the dangerous drugs/controlled  
10 substances without having conducted or documented good faith  
11 medical examinations and/or the medical indications therefor.  
12 The circumstances are as follows:

13 A. The facts and allegations in paragraph 4  
14 above are incorporated here as if fully set forth.

15 B. On or about November 6, 1990, respondent  
16 prescribed and administered gamma globulin and vitamin B to  
17 patient R.G. without having conducted or documented a good  
18 faith medical examination and/or without the medical  
19 indications therefor.

20 C. On or about November 12, 1990, respondent  
21 prescribed and administered gamma globulin and vitamin B to  
22 patient R.G. without having conducted or documented a good  
23 faith medical examination and/or without the medical  
24 indications therefor.

25 D. On or about November 17, 1990, respondent  
26 prescribed and/or administered penicillin VK, gamma globulin  
27 and vitamin B to patient R.G. without having conducted or

1 documented a good faith medical examination and/or without  
2 the medical indications therefor.

3 E. On or about December 11, 1990, respondent  
4 prescribed and administered gamma globulin and vitamin B to  
5 patient R.G. without having conducted or documented a good  
6 faith medical examination and/or without the medical  
7 indications therefor.

8 F. On or about December 22, 1990, respondent  
9 prescribed and administered Bicillin to patient R.G. without  
10 having conducted or documented a good faith medical  
11 examination and/or without the medical indications therefor.

12 G. On or about February 9, 1991, respondent  
13 prescribed and administered gamma globulin and vitamin B to  
14 patient R.G. without having conducted or documented a good  
15 faith medical examination and/or without the medical  
16 indications therefor.

17 H. On or about February 16, 1991, respondent  
18 prescribed and administered gamma globulin and vitamin B to  
19 patient R.G. without having conducted or documented a good  
20 faith medical examination and/or without the medical  
21 indications therefor.

22 I. On or about February 23, 1991, respondent  
23 prescribed and administered gamma globulin and vitamin B to  
24 patient R.G. without having conducted or documented a good  
25 faith medical examination and/or without the medical  
26 indications therefor.

27 J. On or about March 11, 1991, respondent

1 prescribed and/or administered ampicillin, gamma globulin  
2 and vitamin B to patient R.G. without having conducted or  
3 documented a good faith medical examination and/or without  
4 the medical indications therefor.

5 K. On or about March 25, 1991, and/or April 6,  
6 1991, respondent prescribed and/or administered Bicillin to  
7 patient R.G. without having conducted or documented a good  
8 faith medical examination and/or without the medical  
9 indications therefor.

10 L. On or about April 15, 1991, respondent  
11 prescribed and/or administered metronidazole to patient R.G.  
12 without having conducted or documented a good faith medical  
13 examination and/or without the medical indications therefor.

14 M. On or about April 27, 1991, respondent  
15 prescribed and/or administered Bicillin to patient R.G.  
16 without having conducted or documented a good faith medical  
17 examination and/or without the medical indications therefor.

18 N. On or about May 6, 1991, respondent  
19 prescribed and/or administered Bicillin to patient R.G.  
20 without having conducted or documented a good faith medical  
21 examination and/or without the medical indications therefor.

22 O. On or about May 9, 1991, respondent  
23 prescribed and/or administered Bicillin and indictable iron  
24 to patient R.G. without having conducted or documented a  
25 good faith medical examination and/or without the medical  
26 indications therefor.

27 P. On or about May 18, 1991, respondent

1 prescribed and/or administered Bicillin to patient R.G.  
2 without having conducted or documented a good faith medical  
3 examination and/or without the medical indications therefor.

4 Q. Gamma globulin, injectable vitamin B,  
5 Bicillin, indictable iron, ampicillin, penicillin VK, and  
6 metronidazole are all dangerous drugs within the meaning of  
7 Business and Professions Code section 4211.

8 R. Respondent's overall treatment of patient  
9 R.G. from on or about December 13, 1989 through on or about  
10 May 18, 1991, as described above in paragraph 7,  
11 subparagraphs A through P, represents a pattern of  
12 prescribing medications without the performance of good  
13 faith physical examinations or without medical indications  
14 for the medications.

#### 15 FIFTH CAUSE OF ACTION

##### 16 (Excessive Prescribing)

17 8. Respondent is subject to disciplinary action under  
18 Section 725 of the Business and Professions Code in that he  
19 engaged in repeated acts of clearly excessive prescribing or  
20 administering of drugs. The circumstances are as follows:

21 A. The facts and allegations in paragraph 4  
22 above are incorporated here as if fully set forth.

23 B. On or about November 6, 1990, respondent  
24 prescribed and administered gamma globulin and vitamin B to  
25 patient R.G.

26 C. On or about November 12, 1990, respondent  
27 prescribed and administered gamma globulin and vitamin B to



1 patient R.G.

2 D. On or about November 17, 1990, respondent  
3 prescribed and/or administered penicillin VK, gamma globulin  
4 and vitamin B to patient R.G.

5 E. On or about December 11, 1990, respondent  
6 prescribed and administered gamma globulin and vitamin B to  
7 patient R.G.

8 F. On or about December 22, 1990, respondent  
9 prescribed and administered Bicillin to patient R.G.

10 G. On or about February 9, 1991, respondent  
11 prescribed and administered gamma globulin and vitamin B to  
12 patient R.G.

13 H. On or about February 16, 1991, respondent  
14 prescribed and administered gamma globulin and vitamin B to  
15 patient R.G.

16 I. On or about February 23, 1991, respondent  
17 prescribed and administered gamma globulin and vitamin B to  
18 patient R.G.

19 J. On or about March 11, 1991, respondent  
20 prescribed and/or administered ampicillin, gamma globulin  
21 and vitamin B to patient R.G.

22 K. On or about March 25, 1991, and/or April 6,  
23 1991, respondent prescribed and/or administered Bicillin to  
24 patient R.G.

25 L. On or about April 15, 1991, respondent  
26 prescribed and/or administered metronidazole to patient R.G.

27 M. On or about April 27, 1991, respondent

1 prescribed and/or administered Bicillin to patient R.G.

2 N. On or about May 6, 1991, respondent  
3 prescribed and/or administered Bicillin to patient R.G.

4 O. On or about May 9, 1991, respondent  
5 prescribed and/or administered Bicillin and indictable iron  
6 to patient R.G.

7 P. On or about May 18, 1991, respondent  
8 prescribed and/or administered Bicillin to patient R.G.

9 Q. Gamma globulin, injectable vitamin B,  
10 Bicillin, indictable iron, ampicillin, penicillin VK, and  
11 metronidazole are all dangerous drugs within the meaning of  
12 Business and Professions Code section 4211.

13 R. Respondent's overall treatment of patient  
14 R.G. from on or about December 13, 1989 through on or about  
15 May 18, 1991, as described above in paragraph 8,  
16 subparagraphs A through P, represents a pattern of excessive  
17 prescription of medications.

18 PRAYER

19 WHEREFORE, the complainant requests that a hearing be  
20 held on the matters herein alleged, and that following the  
21 hearing, the Division issue a decision:


22 1. Revoking or suspending Physician's and Surgeon's  
23 Certificate Number A33621, heretofore issued to respondent  
24 Reginald W. Yeske, M.D.;

25 2. Revoking, suspending or denying approval of the  
26 respondent's authority to supervise physician's assistants,  
27 pursuant to Business and Professions Code section 3527;

1           3.    Ordering respondent to pay the Division the actual  
2 and reasonable costs of the investigation and enforcement of this  
3 case;

4           4.    Taking such other and further action as the  
5 Division deems proper.

6           DATED:   December 6, 1995

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9                                   
10                               Ron Joseph  
11                               Executive Director  
12                               Medical Board of California  
13                               Department of Consumer Affairs  
14                               State of California

15                               Complainant

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STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
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